

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. JOANNE CRAIG

Mailing Address 11716 CORRY RD

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| PHILADELPHIA | PA | 19154 |

Purpose of Disbursement
Contribution Refund

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 18 | | 2015 |

Transaction ID : SB28A_32424026

Amount of Each Disbursement this Period

| |
|------|
| 5.00 |
|------|

Refund of contribution, initially earmarked for
PROGRESSIVE TURNOUT PROJECT (C00580068)

Full Name (Last, First, Middle Initial)

B. JOANNE CRAIG

Mailing Address 11716 CORRY RD

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| PHILADELPHIA | PA | 19154 |

Purpose of Disbursement
Contribution Refund

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | | 18 | | 2015 |

Transaction ID : SB28A_32569575

Amount of Each Disbursement this Period

| |
|------|
| 5.00 |
|------|

Refund of contribution, initially earmarked for END
CITIZENS UNITED PAC (C00573261)

Full Name (Last, First, Middle Initial)

C. MYRA CRAIG

Mailing Address 2510 GRANT LINE RD APT 2

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| NEW ALBANY | IN | 47150 |

Purpose of Disbursement
Contribution Refund

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 07 | | 2015 |

Transaction ID : SB28A_31459116

Amount of Each Disbursement this Period

| |
|------|
| 5.00 |
|------|

Refund of contribution, initially earmarked for END
CITIZENS UNITED PAC (C00573261)

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

| |
|-------|
| 15.00 |
|-------|

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